

AMENDED IN SENATE JULY 5, 2012
AMENDED IN SENATE JUNE 21, 2012
AMENDED IN SENATE AUGUST 15, 2011
AMENDED IN ASSEMBLY MAY 27, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 916

Introduced by Assembly Member V. Manuel Pérez

February 18, 2011

An act to amend Section 1216 of, ~~and to add and repeal Chapter 6 (commencing with Section 127645) of Part 2 of Division 107 of,~~ the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 916, as amended, V. Manuel Pérez. Health: underserved communities.

~~Under existing law, the California Health and Human Services Agency is required to establish an interdepartmental Task Force on Rural Health to coordinate rural health policy development and program operations and to develop a strategic plan for rural health.~~

~~This bill would establish the Task Force on the Health Care Needs of Farmworkers, composed as prescribed, to develop a comprehensive agenda of programs and public policy initiatives that are designed to address the health care needs of farmworkers in California, and provide a report containing specified information to the office of the Governor and the State Department of Health Care Services by December 31, 2013. This bill would provide that the task force is to be funded by federal or private funds and that if, by January 1, 2013, the office of~~

~~the Governor determines that the task force has insufficient funding to carry out its activities, the activities of the task force shall cease. This bill would repeal these provisions as of January 1, 2014.~~

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. Existing law provides that federally qualified health center services, as defined, are covered benefits under the Medi-Cal program.

Existing law requires every clinic holding a license to file annually with the Office of Statewide Health Planning and Development a verified report showing prescribed information. Violation of these provisions is a crime.

This bill would require all federally qualified health centers operated by a county to file this report, except as specified, commencing in the 2015 calendar year. By changing the definition of a crime, this bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1216 of the Health and Safety Code is
- 2 amended to read:
- 3 1216. (a) Every clinic holding a license shall, on or before
- 4 February 15 of each year, file with the Office of Statewide Health
- 5 Planning and Development upon forms to be furnished by the
- 6 office, a verified report showing the following information relating
- 7 to the previous calendar year:
- 8 (1) Number of patients served and descriptive information,
- 9 including age, gender, race, and ethnic background of patients.
- 10 (2) Number of patient visits by type of service, including all of
- 11 the following:
- 12 (A) Child health and disability prevention screenings, treatment,
- 13 and followup services.
- 14 (B) Medical services.

1 (C) Dental services.

2 (D) Other health services.

3 (3) Total clinic operating expenses.

4 (4) Gross patient charges by payer category, including Medicare,
5 Medi-Cal, the Child Health Disability Prevention Program, county
6 indigent programs, other county programs, private insurance,
7 self-paying patients, nonpaying patients, and other payers.

8 (5) Deductions from revenue by payer category, bad debts, and
9 charity care charges.

10 (6) Additional information as may be required by the office or
11 the department.

12 (b) In the event a clinic fails to file a timely report, the
13 department may suspend the license of the clinic until the report
14 is completed and filed with the office.

15 (c) In order to promote efficient reporting of accurate data, the
16 office shall consider the unique operational characteristics of
17 different classifications of licensed clinics, including, but not
18 limited to, the limited scope of services provided by some specialty
19 clinics, in its design of forms for the collection of data required
20 by this section.

21 (d) For the purpose of administering funds appropriated from
22 the Cigarette and Tobacco Products Surtax Fund for support of
23 licensed clinics, clinics receiving those funds may be required to
24 report any additional data the office or the department may
25 determine necessary to ensure the equitable distribution and
26 appropriate expenditure of those funds. This shall include, but not
27 be limited to, information about the poverty level of patients served
28 and communicable diseases reported to local health departments.

29 (e) This section shall apply to all primary care clinics.

30 (f) This section shall apply to all specialty clinics, as defined in
31 paragraph (2) of subdivision (a) of Section 1204 of the Health and
32 Safety Code that receive tobacco tax funds pursuant to Article 2
33 (commencing with Section 30121) of Chapter 2 of Part 13 of
34 Division 2 of the Revenue and Taxation Code.

35 (g) Specialty clinics that are not required to report pursuant to
36 subdivision (f) shall report data as directed in Section 1216 as it
37 existed prior to the enactment of Chapter 1331 of the Statutes of
38 1989 and Chapter 51 of the Statutes of 1990.

39 (h) Commencing in the 2015 calendar year, federally qualified
40 health centers, as described in Section 1395x(aa)(4) or

1 1396d(l)(2)(B) of Title 42 of the United States Code, operated by
2 a county shall file the report described in subdivision (a), unless
3 the health center is an exempt clinic pursuant to subdivision (d)
4 or (e) of Section 1206.

5 SEC. 2. Chapter 6 (commencing with Section 127645) is added
6 to Part 2 of Division 107 of the Health and Safety Code, to read:

7
8 CHAPTER 6. TASK FORCE ON THE HEALTH CARE NEEDS OF
9 FARMWORKERS

10
11 127645. (a) The Task Force on the Health Care Needs of
12 Farmworkers is hereby established to develop a comprehensive
13 agenda of programs and public policy initiatives that are designed
14 to address the health care needs of farmworkers in California.

15 (b) The activities of the task force shall be funded by federal or
16 private funds. If, by January 1, 2013, the office of the Governor
17 determines that the task force has insufficient funding to carry out
18 its activities pursuant to this chapter, the activities of the task force
19 shall cease.

20 (c) The task force shall be composed of 11 members. The
21 members of the task force shall be farmworker representatives,
22 representatives from nonprofit community health centers with an
23 established record of serving farmworker communities,
24 representatives from county hospital owned or affiliated clinics,
25 representatives of other county health organizations, representatives
26 of growers, and representatives of philanthropic foundations. The
27 members shall be appointed as follows:

28 (1) The office of the Governor shall appoint five members.

29 (2) The Speaker of the Assembly and the President pro Tempore
30 of the Senate shall each appoint three members.

31 127646. The task force shall issue a report that shall be
32 provided to the State Department of Health Care Services and to
33 the Governor by December 31, 2013, that includes all of the
34 following:

35 (a) Strategies to create public and private partnerships between
36 growers, federal, state, and local government entities, nonprofit
37 community health centers, and farmworker community
38 representatives for the purpose of coordinating respective resources
39 to create new initiatives to provide health insurance, or equivalent

1 coverage, for farmworkers who will not be covered by the federal
2 Patient Protection and Affordable Care Act (Public Law 111-148).

3 ~~(b) A plan that coordinates county health care delivery systems
4 to integrate federally qualified health centers, as described in
5 Section 1395x(aa)(4) or 1396d(l)(2)(B) of Title 42 of the United
6 States Code, and to coordinate the systems to target farmworkers.~~

7 ~~(c) A plan to increase the number of culturally competent health
8 professionals in underserved rural areas.~~

9 ~~(d) A plan to expand access to health care services via telehealth
10 to the extent that these services are not otherwise locally available.~~

11 ~~(e) A plan to coordinate a network of providers to ensure a
12 continuum of health care as farmworkers migrate within and
13 outside of the state.~~

14 ~~(f) Long-term strategies for educating, training, and preparing
15 workers for other industries, including, but not limited to, green
16 technology.~~

17 ~~(g) Viable strategies for enabling farmworkers to purchase
18 affordable housing.~~

19 ~~127647. This chapter shall remain in effect only until January
20 1, 2014, and as of that date is repealed, unless a later enacted
21 statute, that is enacted before January 1, 2014, deletes or extends
22 that date.~~

23 ~~SEC. 3.~~

24 ~~SEC. 2. No reimbursement is required by this act pursuant to
25 Section 6 of Article XIII B of the California Constitution because
26 the only costs that may be incurred by a local agency or school
27 district will be incurred because this act creates a new crime or
28 infraction, eliminates a crime or infraction, or changes the penalty
29 for a crime or infraction, within the meaning of Section 17556 of
30 the Government Code, or changes the definition of a crime within
31 the meaning of Section 6 of Article XIII B of the California
32 Constitution.~~